

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made, in order of birth stated.

and the number of each.

PLACE OF BIRTH

1. County of Pima
District of _____
Town of Tucson
or _____
City of _____

1 Deep 5321
ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 533
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Jno Harlan Bryant
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Mar. 8-25
Month Day Year

8. FATHER
Full name Wm Harrison Bryant
9. Residence (Usual place of abode) 227 E Moffett
If nonresident, give place and state Tucson

10. Color or race White
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) De Witt,
(State or country) Miss.

13. Occupation Mq. Cleaning
Nature of industry Works

20. Number of children of this mother { (a) Born alive and now living 2
(b) Born alive but now dead _____
(c) Stillborn _____

14. MOTHER
Full maiden name Maybelle Peggs
15. Residence (Usual place of abode) Same
If nonresident, give place and state _____

16. Color or race White
17. Age at last birthday 20 (Years)
18. Birthplace (city or place) Tucson
(State or country) Ariz.

19. Occupation Housewife
Nature of industry _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn.) at 10:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Dr. J. E. Huffman
(Physician or midwife)
Address Tucson, Ariz.

Given name added from a supplemental report _____
Month, day, year.

Registrar.

Filed 3/18 1925
Local Registrar Dr. J. E. Huffman
County Registrar _____